Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

200-00-00-00-00-00-00-00-00-00-00-00-00-					
542318 Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	rtification form for each SAC through which it provides Lifeline service).				
<u>California</u> State	Foresthill Telephone Co ETC Name Sebastian Enterprises Inc (SEI)				
State Sobastian	Sebastian Enterprises Inc (SEI)				
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
Does the reporting company have affiliated ETCs?	Yes No 🗆				
	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47				
Affiliated ETC's SAC	Affiliated ETC's Name				
542324	Kerman Telephone Co (cha Sebastian)				
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.					
Section 1: Initial Certification All ETCs must complete	this section				
Initial Certification All ETCs must complete I certify that the company listed above has certification pro-					
I certify that the company listed above has certification produced A) Review income and program-based eligibility documents.	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household				
I certify that the company listed above has certification properties. A) Review income and program-based eligibility document that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or s to a state database and/or notice of eligibility from the state				
I certify that the company listed above has certification properties. A) Review income and program-based eligibility document that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or s to a state database and/or notice of eligibility from the state				

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
258	Ð	4	33	221

Recertification Results:

F	G	H = (F-G)	" I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of incligibility from ETC recertification attempt
0	0	9	0	6

Number of subscribers de-enrolled or
scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here) Xerox

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial #8

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Y	•
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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or incligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
244	27	11.07%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid? Yes N	o 🗀
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If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	The same and the s
Total Subscribers	

Signature Block

By signing	below,	I certify	that the	company	listed	above is	s in cor	npliance	with	all fede	eral	Lifeline c	ertifi	ication
procedures.	I am	an offic	er of the	company	name	d above	. I am	authoriz	ed to	make	this	certificat	ion 1	for the
Study Area	Code (SAC) lis	sted abov	e.										

Signed,

Al Barry

Signature of Officer

Abarry

Email Address of Officer

Person Completing This Certification Form

Al Baumgarner - Treas over Printed Name and Fitle of Officer

1-29-16 Date //202

Contact Phone Number

Affiliated ETCs

CAC	Nama
DAC	INAMIC
SAC 542324	Name Kerman Telephone & Colba Sebastian
<u> </u>	

Attachment A

Foresthill Telephone Co (dba Sebastian) SAC 542318

FCC FORM 555

Disclaimer Regarding Section 2 Data

Foresthill Telephone Co (dba Sebastian) relies on the California state administrator, Xerox, to recertify consumer eligibility for the Lifeline program. Foresthill Telephone Co (dba Sebastian) understands and believes that Xerox has procedures in place to recertify consumer eligibility for Lifeline pursuant to the FCC's rules and regulations. As a result, Foresthill Telephone Co (dba Sebastian) relies on Xerox to recertify its Lifeline customers and some of the numbers Foresthill Telephone Co (dba Sebastian) is reporting in Section 2 were obtained from Xerox and based on Xerox's records, including the numbers identified in Blocks D, K, and L. The numbers for the remaining Blocks in Section 2 are based on Foresthill Telephone Co's (dba Sebastian) records. Since Foresthill Telephone Co (dba Sebastian) has relied on two separate and independent sources for the numbers reported in Section 2, the total of Block F and Block K do not equal the number reported in Block E. Foresthill Telephone Co (dba Sebastian) believes that these differences are due to variances in when the reported numbers were calculated by Xerox for the numbers it supplied and/or when the numbers were calculated by Foresthill for the numbers it supplied in relation to its Form 497. Notwithstanding these variances, Foresthill understands and believes based on the information currently available to Foresthill, that the numbers reported are true and accurate.